



# BHD

MILWAUKEE COUNTY  
Behavioral  
Health  
Division

myAvatar™

*Tips and Tricks*



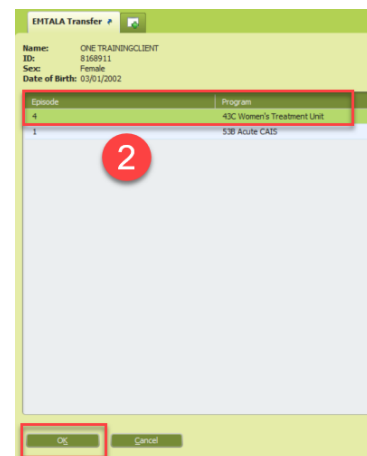
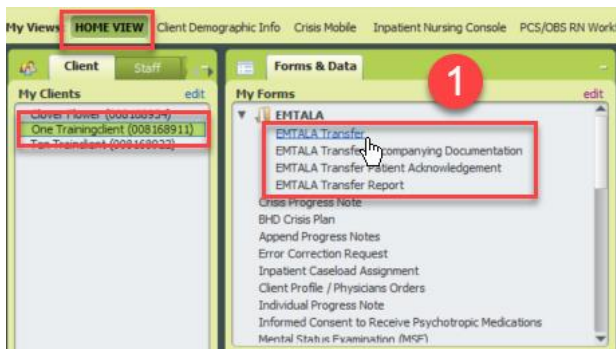
**EMTALA – Emergency Medical Treatment** transfer documentation and report. Use the 3 EMTALA forms listed below to document and process a report for the transfer.

There are 3 Avatar forms and a report required for all EMTALA transfers:

- A. EMTALA Transfer
- B. EMTALA Transfer Accompanying Documentation
- C. EMTALA Transfer Patient Acknowledgement
- D. EMTALA Transfer Report

For easy access, add these forms/report to the Forms & Data Widget (see tip at the end of this tip sheet).  
From the Home View, select the client:

1. Click on the EMTALA form link.
2. Select the appropriate episode of care and click OK.



- A. **EMTALA Transfer**- completed by the attending provider\* (see note below for exceptions). The Transfer form opens in draft status. All red, required fields must be completed before finalizing the form.

Important points to remember:

1. Transfer Date- **the transfer date needs to be the same on all 3 forms.**
2. Episode Diagnosis- if the transfer is based on the primary episode Dx, select Yes. If not, select No and enter the diagnosis for which the client is being transferred.
3. For reference, the primary episode diagnosis is listed in the client banner.
4. EMC for Transfer- note the information in bold if choosing option #1, No Emergency Medical Condition.

ONE TRAININGCLIENT (008168911)  
F, 17, 03/01/2002  
HE: WE: DMI:

Ep: 4: 43C Women's Treatment Unit  
Problem P: F20.9 Schizophrenia

Location: 43C Women's Treatment Unit / Room 06... Allergies (0)  
Attn. Pract.: MORRIS, SUSANNE  
Adm. Pract.: MORRIS, SUSANNE

EMTALA Transfer

Transfer Date: 10/11/2019

MEDICAL CONDITION

Please select ONE as the transfer diagnosis

Episode Diagnosis: ☒ Yes ☐ No

Diagnosis:

EMC for Transfer: ☒ No Emergency Medical Condition: This patient has been examined and an EMC has not been identified.  
\*\* Physician please note \*\* If there was an EMC that was found and that it has been treated and stabilized, your progress note MUST have adequate documentation describing the stabilizing treatment and the patient's response along with an update/reassessment (problem focused) documenting stabilization/resolution of the EMC.  
☐ Unstable Patient, Request for Transfer: The patient has been examined and an EMC has been identified and the patient is not stable. The hospital has the capacity to provide the care needed but the patient has specifically requested to be transferred to another facility after being notified that the

Continue completing all red, required fields on the form. Keep in mind that the workflow hasn't changed; the only change is documenting the transfer in Avatar, not on paper.

\*Exceptions- the last section of the form is completed only when a nurse is completing the transfer by verbal order from the physician. Include the Transferring Physician Name, Date, and Time. Select Final when all required fields are complete and submit the form.

TRANSFERRING PHYSICIAN

This section is only required if the form is being completed by someone other than the Transferring Physician. If the Transferring Physician is completing this form then this section is NOT required.

Transferring Physician Name: Susanne Morris (Testing) (SMorrisTest)

Date: 10/11/2019

Time: 02:38 PM

Status: ☐ Draft ☒ Final

**B. EMTALA Transfer Accompanying Documentation-** completed by the nurse. Open the form as above selecting the appropriate episode of care. The form opens in draft status. All red, required fields must be completed before finalizing the form.

Important points to remember:

1. Transfer Date- **the transfer date needs to be the same on all 3 forms.**
2. Select Yes to verify and attest that the Transfer Report will be sent to the transfer accepting facility.
3. Select Yes to verify and attest that the medical record (i.e., face sheet, evaluations) will be sent to the transfer accepting facility.
4. A Vitals Entry Verification widget is included as a reminder to record transfer vitals. The widget indicates if the Vitals Entry form has been completed. It's required that transfer vitals be taken and recorded within 15 minutes prior to transfer.

EMTALA Transfer Accompanying Documentation

Transfer Date: 10/11/2019

Accompanying Documentation

Accompanying Documentation Sent Via: ☐ Patient/Responsible Party ☐ Fax ☒ Transporter

Fax Number:

Attestation of Accompanying Documentation Requirements

A copy of the Transfer Form is included: ☒ Yes

A copy of Medical Records (Face sheet, diagnoses, recent evaluations, progress notes) is included: ☒ Yes

Vitals Entry Verification

Has the Vitals Entry form been completed with transfer Vitals data? ☒ Yes

C. **EMTALA Transfer Patient Acknowledgement**- completed by the nurse. Open the form as above selecting the appropriate episode of care. The form opens in draft status. All red, required fields must be completed before finalizing the form.

Important points to remember:

1. Transfer Date- **the transfer date needs to be the same on all 3 forms.**

D. **EMTALA Transfer Report**- completed and printed by the nurse. Open the form as above.

Important points to remember:

1. Select the appropriate episode.
2. Select the appropriate transfer date.
3. Click Process.

4. Review the Transfer Report carefully, making sure all fields are complete. Print the report.

Milwaukee County Behavioral Health Div.  
9455 W Watertown Plank Rd  
Milwaukee WI 53226-3559

**EMTALA Transfer Report**

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Patient Name: TRAININGCLIENT, ONE      MRN: 8168911      Assessment Date: 10/11/2015  
DOB: 3/1/2002      Admit Date: 3/27/2019      EPN: 4

**MEDICAL CONDITION**

Primary Admission Diagnosis : Schizophrenia  
EMC for Transfer : No Emergency Medical Condition: This patient has been examined and an EMC has not been identified.  
Physician Certification: I have examined this patient and based upon the reasonable risks and benefits described below and upon the information available to me, I certify that the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risk to this patient's medical/psychiatric condition that may result from effecting this transfer .

**TRANSFER DETAILS**

Reason for Transfer : Medically Indicated  
Medical Benefits : Obtain psychiatric inpatient care at a private facility under patient's insurance.  
Medical Risks : Worsening of condition or death if you stay here.

**MODE/SUPPORT DURING TRANSFER AS DETERMINED BY PHYSICIAN**

Mode of Transportation for transfer : Ambulance (BLS)

**RECEIVING FACILITY AND INDIVIDUAL**

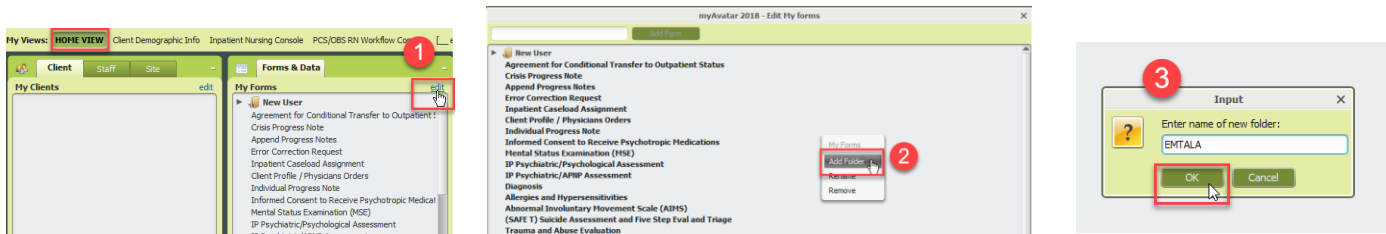
Receiving Facility : Test  
Person/Physician Receiving Transfer :  
Date/Time of Acceptance : 10/11/2019 / 03:57 PM

**ACCOMPANYING DOCUMENTATION**

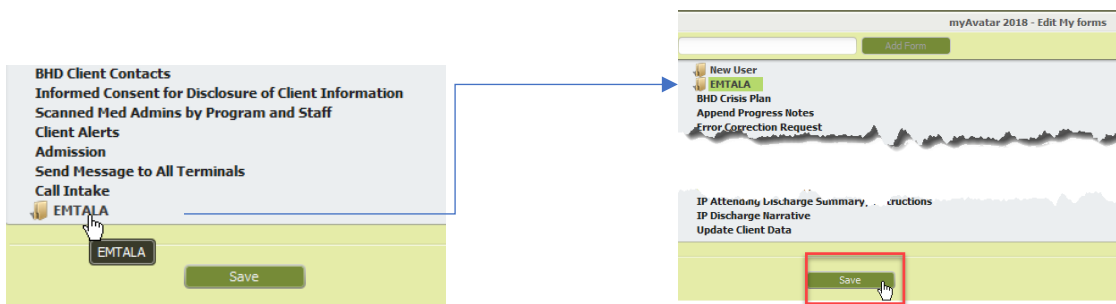
Sent Via : Transporter  
Copy of Transfer Form is Included : Yes      Copy of Medical Records is Included : Yes  
Optional Documents Included :  
Report Given to : transporter      Report Given Date/Time : 10/11/2019 03:56 PM

## Tip- for easy access, add forms as favorites to the Forms & Data widget.

1. From the Home View, click edit in the Forms & Data widget.
2. Add a folder to group forms together; right-click anywhere in the white space and select Add Folder.
3. Enter a name for the folder and click OK.

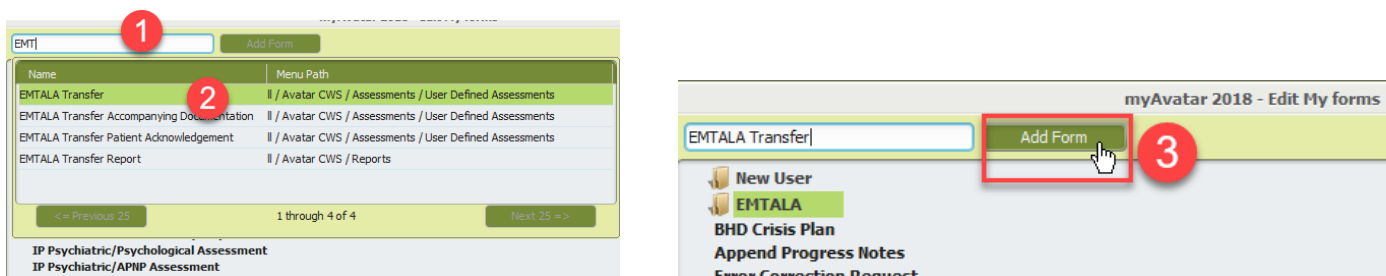


The folder is added to the bottom of the list of forms. You can move the folder to the top of the list or anywhere in between by left-clicking the folder and dragging and dropping the folder. **Note-** move and save the new folder and re-enter 'Edit My forms' before adding forms to the folder.

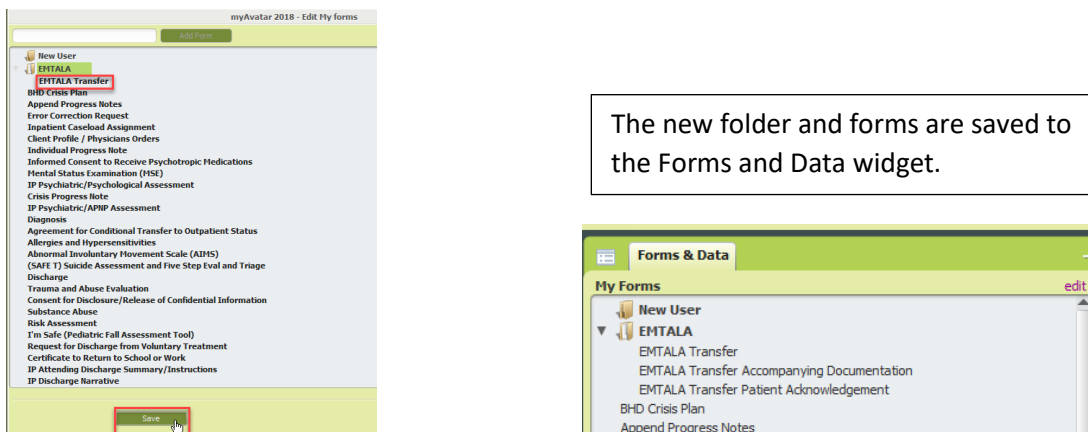


With the folder selected (**highlighted**) add forms:

1. Enter the name or part of the name in the box.
2. Double-click on the appropriate form.
3. Click Add Form.



The form is added to the folder. Repeat steps above to add other forms to the folder. Click Save.



The new folder and forms are saved to the Forms and Data widget.